

## Information Regarding Review of Support Orders Which are More Than 36 Months Old

Any party submitting a written request for modification review in Georgia must pay a \$100.00 **non-refundable** application fee per case when the review is complete. This fee is waived for the requesting party if that person is currently receiving TANF and/or Medicaid benefits, if their current gross (before taxes) income is \$1,000.00 or less per month at the time the OCSS is prepared to issue the Agency Recommendation, or if the requesting party in an interstate case does not reside in Georgia. (A case is considered "interstate" when the action is filed between state child support agencies.). **Please review the following information very carefully** before making a decision to proceed with a request for a modification review.

Review and consider the following information about the review process. **Initial ALL of the items that apply to you before you submit a request for a modification review:**

I am now receiving TANF benefits.

\_\_\_\_\_ I myself and the children in this case are now receiving Medicaid benefits.

\_\_\_\_\_ I am the requesting party in an interstate case and I reside in another state or foreign country.

\_\_\_\_\_ My current monthly gross income is \$1,000.00 or less. I have attached proof of my gross income.

\_\_\_\_\_ I may not have to pay the review application fee unless my income has changed when OCSS is prepared to issue the Agency Recommendation.

\_\_\_\_\_ I am currently unemployed.

\_\_\_\_\_ I am currently receiving unemployment benefits and have included proof of these benefits.

\_\_\_\_\_ My youngest child WILL NOT emancipate in less than twelve (12) months.

\_\_\_\_\_ My latest order is less than 36 months old, or my order was reviewed within the past 36 months.

\_\_\_\_\_ I understand that in order for OCSS to review my case for possible modification, I must show a substantial change of circumstances. An OCSS representative will review the information that I submit with my written request to determine whether I have proven a substantial change.

\_\_\_\_\_ I understand that as an alternative to the Office of Child Support Services review process, I have the right to hire a private attorney and seek modification of my support order under the provisions of Georgia Law, Official Code of Georgia §19-6-19.

I understand that the Office of Child Support Services is not responsible for proving my allegations and that I must obtain and provide this proof.

**IF AFTER READING THE ABOVE YOU DECIDE TO PROCEED**, OCSS will assume that you understand the requirements for a modification review and that payment of the \$100.00 review fee, if applicable, must be paid when the review is complete and before the Agency Recommendation is released.

**If you fully understand and wish to proceed, sign below where indicated.**

**Under the penalty of perjury, I do hereby swear and affirm that the information I provided on the Application for Review Services is accurate and true to the best of my knowledge. I understand the criminal penalties for making false statements and false swearing under O.C.G.A. §16-10-71 is punishable by a fine of not more than \$1,000.00 or by imprisonment of one year or more, or both. I do hereby attest to the truthfulness of the information provided.**

**By submitting these forms to my local Office of Child Support Services, I am requesting a Review of my Order for possible Modification.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date